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<b>SERIAL NUMBER</b> 10/544,229	<b>FILING OR 371(c) DATE</b> 09/02/2005 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 059277-0129
<b>APPLICANTS</b> Yoko Hirohara, Tokyo, JAPAN; Toshifumi Mihashi, Tokyo, JAPAN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/00794 01/29/2004				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-25428 02/03/2003 JAPAN 2003-134829 05/13/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/06/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 27 <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 22428				
<b>TITLE</b> OPHTHALMIC DATA MEASURING APPARATUS, OPHTHALMIC DATA MEASUREMENT PROGRAM AND EYE CHARACTERISTIC MEASURING APPARATUS				
<b>FILING FEE RECEIVED</b> 1580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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